



Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In the event of an emergency contact: Name \_\_\_\_\_

Address \_\_\_\_\_

Area Code & Phone Number / Cell Phone Number \_\_\_\_\_

Health Insurance Carrier and Policy Number \_\_\_\_\_

Physician Name and Phone Number ( Include area code) \_\_\_\_\_

This form is meant to help Heart To Heart International Ministries (H2H) be of help to you should the need arise during your ministry trip. Mild physical or psychological disorders can become serious under the stresses of international travel and life. It is important for you to help us be aware of any medical or emotional problems, past or current, that might affect you while you serve with H2H. The information provided will remain confidential and will be shared only with the appropriate staff only if pertinent to your well being. The particular ministry trip to which you are applying may not be able to accommodate all individual needs or circumstances. But if it can reasonably accommodate yours, the information you give below will not adversely affect your acceptance as a short term team member with H2H.

Do you have any physical impairments or learning disabilities that might restrict your mobility or require special facilities or assistance while you are on this ministry trip? Please be as specific as possible.

Are you presently, or have you been in the last twelve months, receiving medical treatment of any kind? If so, please specify.

Have you been vaccinated for:      Hepatits B      Measles-Mumps-Rubella (MMR)      Tetanus-Diphtheria

Do you have any significant chronic-medical conditions requiring ongoing medical supervisions or treatment, or have you had in the past any significant condition that is currently in remission? If so, please describe:

Do you have any emotional, physical, or medical conditions, past or current, that would cause discomfort or problems during travel, change of climate, change of diet, or strenuous activity? If so, please explain:

Do you have allergic reactions to any of the following:

Aspirin    Bee sting    Codeine    Penicillin    Sulfa Drugs    Other:

Are you currently receiving, or have you received in the last two years, treatment for any emotional problem eating disorder, drug addiction, alcoholism, or psychiatric condition? Please specify: \_\_\_\_\_

Please list any special dietary needs that you have: \_\_\_\_\_

## Release of Liability

I certify that all of the responses on this Health Information form are true and accurate and will notify H2H hereafter of any relevant changes in my health that occur either prior to the start of the ministry trip or during it. I further verify that: a) I have no physical impairments that might put myself or others in danger by my participation in the above activity; b) I will abide by all H2H's and other applicable regulations regarding my participation; and c)"if I become injured in the course of my participation, and am unable to seek treatment for myself, I hereby give permission for emergency medical treatment to be sought for me by representatives or agents acting on behalf of Heart To Heart International Ministries.

In signing this form, I \_\_\_\_\_ agree not to hold Heart To Heart International Ministries, (H2H) its officers, employees or other agents liable for any injury, loss, damage, or accident that I might encounter while on this trip. I realize and acknowledge that my participation on this trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, unstable conditions, and or other calamities.

I hereby assume any such risks that might result from my travel to a foreign country, and I unconditionally agree to hold Heart To Heart International Ministries, its officers, employees, and other agents blameless for any liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged, or stolen while on this trip.

I have carefully read the foregoing and I understand that my signature herein holds Heart To Heart International Ministries, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Signature \_\_\_\_\_

Parental Signature if under the age of 21 \_\_\_\_\_

Date: \_\_\_\_\_